



OFFICE USE ONLY:
PAID: _____
INSPECTION DATE: _____
TIME: _____

OCCUPANCY RESIDENTIAL PERMIT

Property Information:

Address: _____ Unit #: _____

City: _____ State: _____ Zip: _____

Property to be inspected: Rental _____ Lease _____ Own _____

Applicant is: Current Home Owner _____ Realtor /Agent* _____ Property Manager* _____

Applicant Name: _____

*REGISTERED WITH VILLAGE OF GODFREY? YES _____ NO _____ **if not, please fill out contractor registration form*

Phone: _____ Email: _____

Above Applicant on site for Inspection? Yes _____

If not: Name: _____ Phone: _____

Tenant/Purchaser Information:

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Additional Tenants: _____

Copy of Identification from Tenant/Purchaser attached? Yes _____ Will send later _____

I, the undersigned, hereby designated the above authorized agent(s) to act in my behalf in regards to the properties listed on this Agent Designation Form for the purpose of apply for the and obtaining Occupancy Permits, as a contact for code enforcement issues of any property listed and for emergency contact on the behalf of the Village of Godfrey Police and Fire Departments. Any notice served to an Authorized Agent will serve the same purpose as serving me personally. I agree to conform to all ordinances of the Village of Godfrey, and will immediately update this Agent Designation Form upon the change in status of any listed agent or property.

Signature of Applicant: _____ Date: _____